

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS359AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2010
NAME OF PROVIDER OR SUPPLIER M S J HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE <i>acceptable</i> 4370 ADELPHI AVENUE LAS VEGAS, NV 89120 <i>7/30/10</i>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 6/2/10. This complaint investigation was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 6 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness, Category I residents. Complaint #NV00025494 was substantiated. See Tag Y0181. The following deficiencies were identified:	Y 000		
Y 181 SS=I	449.209(8) Health and Sanitation-Temperature NAC 449.209 8. The temperature of the facility must be maintained at a level that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit. This Regulation is not met as evidenced by: Based on observations, the facility failed to maintain an air temperature inside the facility between 68 and 82 degrees Fahrenheit for 6 of 6	Y 181	<i>Y 181</i> <i>a) The temperature of the facility will be maintained at a level that is not less</i>	<i>7/30/10</i>

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *ADH: Luz Aguirre* TITLE *ADH* (X6) DATE *7/26/2010*
STATE FORM 6899 8GL611 If continuation sheet 1 of 2

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BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality and Compliance

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Y 181	<p>Continued From page 1</p> <p>residents.</p> <p>Findings include:</p> <p>Upon entry into the facility at 2:10 PM, the thermostat in the living room registered 86 degrees Fahrenheit (F). Thermometer readings taken throughout the facility ranged between 85.3 degrees F and 88.3 degrees F. The air conditioner was functioning, but no cold air was noted coming from the unit.</p> <p>Six residents were interviewed regarding the temperature inside the facility. Only one resident reported the temperature was too hot. Four other residents did not answer when asked repeatedly if the temperature was tolerable. A sixth resident reported she was okay with the temperature. The complainant reported the owner would not turn the air conditioner on because of the expensive electric bill. The administrator and caregiver did not explain why the air conditioner was not cooling the facility.</p> <p>Severity: 3 Scope: 3</p>	Y 181	<p>Y 181</p> <p>than 68 deg F and not more than 82 deg F.</p> <p>b) From now on the administrator and the care giver will see that the temperature will be between 68 deg F and 82 deg F. If there are any complaints or problems the administrator and owner or caregiver will investigate immediately and resolve the situation at once. The administrator, owner and caregiver will monitor for compliance from now on.</p> <p>6/125/2010</p>	

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